

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

10/581.281
APPI CANT(S)

5-31-06

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
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31						
32						
33						
34						
35						
36						
37						
38					1 -	
39					1 -	
40					1 -	
41					1 -	
42					1 -	
43					1 -	
44					1 -	
45					1 -	
46					1 -	
47					1 -	
48					1 -	
49					1 -	
50					1	
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				/ -		
52				/ -		
53				/ -		
54				/ -		
55				/ -		
56				/ -		
57				/ -		
58				/ -		
59				/ -		
60				/ -		
61				/ -		
62				/ -		
63				/ -		
64				/ -		
65				/ -		
66				/ -		
67			e			
68						
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.			2			
TOTAL DEP.			28			
TOTAL CLAIMS			30			